STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine Tel: (207)287-4179

> FAX: 287-6775 Website: www.mainc.gov/ethics

STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAMES TOAN NASS	Please check the appropriate box and fill in the District number.
MAILING ADDRESS:) C Box 174	Member of the Senate, District
ZIP CODE: OHOD	Wember of the Senate, District
PHONE NUMBER: 207 1477-24,07	Member of the House, District

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

	PLEASE KEEP	A COPY	OF THIS S	TATEMENT	FOR YOUR FILES
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	$\underline{ ext{Address}}$	Principal Type of Economic Activity of Employer
· -	E ANGUSTA MAINE	LEGISLATINIZE
1	•	TECHNICASE
· 		
Enter the name and addre	ED FROM SELF-EMPLOYMENT. (For Legess of your business, if any, and list the major are ith a partnership, firm, professional association, at entity.	eas of economic activity from which you deri
Name and Address	Major Areas of Economic Activity	Major Areas of Economic Activity
of Business Entity	(self)	(partnership, association or similar business entity
ALA		
· · · · · · · · · · · · · · · · · · ·		,
" '		(10)
Name each source of inc \$1,000, whichever is greaterived such income. If	ome derived from self-employment that represer ater, and specify the principal type of economic this form of disclosure is prohibited by law, rule I type of economic activity of the entity or perso	activity of the entity or person from whom you, or an established code of professional ethics
Name each source of inc \$1,000, whichever is greaterived such income. If	ome derived from self-employment that represer ater, and specify the principal type of economic this form of disclosure is prohibited by law, rule	activity of the entity or person from whom you , or an established code of professional ethics
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Name each source of ince \$1,000, whichever is greaterived such income. If a specify only the principal Name of Source TH. MAJOR AREAS ice. If associated with a later and Address of Firm	ome derived from self-employment that represent ater, and specify the principal type of economic this form of disclosure is prohibited by law, rule I type of economic activity of the entity or perso Address Address OF PRACTICE. (For Legislators who are attraw firm, list the major areas of practice of your form Major Areas of Practice (self)	activity of the entity or person from whom you, or an established code of professional ethics on from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income Source of Income Orneys-at-law only.) List your major areas or irm. Major Areas of Practice (firm)
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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of Income
MAINE STORE LET REME	WISYSIEM ANGNSTA ME	FENSIEN
2. YORK COUNTY CU	1516 MAIN ST. SANGORD PO 30X 9838	
3. CENERAL ELECTRICH	INTUAL FUNDE PROVIDENCE.	DAVESTMENT
H. GEHERAL ELECTRIC	Co. NEWARK, NIT	口でからてあって
PART V. DISCLOSURE OF RE \$3,000 or more that you received during not list loans from a relative. If none,	ng the reporting period, and list the major at	mes of creditors for any unsecured loans of each creditor. Do
Name of Creditor	A 44 C C . W.	Principal Type of Economic
1. NONE	Address of Creditor	Activity of Creditor
2		
3		
4881c8ate value of more than 2300 ft.0	FTS. Name the specific source of each gim a single source. If none, so state. 3. 4.	ft of more than \$300. Include gifts with an
2.	4,	
. \	ONORARIA. List the source of any hone so state.	oraria accepted for appearances or speeches
1. Nowe	3	
2	4	
PART VIII. REPRESENTATION you represented or assisted others for co		each executive branch agency before which
1. Noole.	3	
2		
· ·	•	

2072876775

your imn	nediate family sold goods or services with a	es. Identify each executive branch agency to which you or a member of value in excess of \$1,000 during the reporting period. If none, so state.
1	ONE	2
PART X	C. ANCOME RECEIVED BY MEMBERS	S OF IMMEDIATE FAMILY.
child(ren	ype of economic activity representing each so t) during the reporting period and the kind of eccived by spouse and (D) beside sources of	source of income of \$1,000 or more received by your spouse or dependen f income represented. Do not include gifts. Indicate (S) beside sources of income received by dependent(s).
Repre	e of Economic Activity esenting Each Source of Income Received	Kind of Income
1. <u>) </u>	USLATOR_(S)	· -
		TALGAMS (5) TRIVESTNENT
3		
4		
	********	*******
	•	
Attorney Statemen Interest oranch o who will	that a Legislator has willfully filed a y General. If the Commission determent or has willfully filed a false statement on every question and shall be precled the Legislature, and shall not atterned.	all be a Class E crime. If the Commission concludes that it a false statement, it shall refer its findings of fact to the mines that a Legislator has willfully failed to file a required tent, the Legislator shall be presumed to have a conflict of uded from voting on any question in committee or in either mpt to influence the outcome of any question. A Legislator at is subject to a civil penalty not to exceed \$1,000, payable to I M.R.S.A. § 1019)
	Opan M. Mana	